

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037795

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9484

FILED SEP 26 1963

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St Louis

Length of stay in 1b  
3 wks

c. CITY OR TOWN St Ann

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Missouri Baptist Hosp.

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
11209 Furrow

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
David F. McCabe

4. DATE OF DEATH  
Month Day Year  
Sept. 21 1963

5. SEX  
Male

6. COLOR OR RACE  
white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
12/4/1885

9. AGE (last birthday)  
77

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Machinist

10b. KIND OF BUSINESS OR INDUSTRY  
Metal Goods Corp

11. BIRTHPLACE (City and state or country)  
Jefferson Co Mo

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Michal McCabe

13b. MOTHER'S MAIDEN NAME

do not know

14. NAME OF HUSBAND OR WIFE

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15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT  
Les Weiland 8739 Argyle

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chr. Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

33 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio-sclerosis

5 yrs

DUE TO (c)

422.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 27, 1961 to Sept 21, 1963 and last saw him alive on Sept 21, 1963  
Death occurred at 10:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS 9385 Page Blvd St Louis 14, Mo

22c. DATE SIGNED 9/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE 9/24/63

23c. NAME OF CEMETERY OR CREMATORY  
Catholic Cemetery

23d. LOCATION (City, town, or county)  
Byrnsville Mo

24. FUNERAL DIRECTOR  
Ortmann F Home 9222 Lackland Overland Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.  
SEP 23 1963

26. REGISTRAR'S SIGNATURE  
Kearl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

VS 300  
Rev. 4/59

DATE AMENDED

1

2 4014

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12 68-0

13

68

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Al C. Ortman

Licensed Embalmer No. 3478

P. O. Address \_\_\_\_\_

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.